

# DRIVER PRE-EMPLOYMENT APPLICATION

QUALIFIED APPLICANTS ARE CONSIDERED WITHOUT REGARD TO RACE, COLOR, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, RELIGION, SEXUAL ORIENTATION, VETERAN'S STATUS

**APPLICANT:** You are advised that the information you provide on this application may be used, and your prior employer will be contacted, for the purpose of investigating your background as required by D.O.T. Regulation, Part 391.23. Applications will be kept on file for 60 days.

**NOTE: ANSWER ALL QUESTIONS - WRITE LEGIBLY - THIS APPLICATION WILL NOT BE CONSIDERED UNLESS FULLY COMPLETED**

## FOR EMPLOYER USE ONLY - DO NOT WRITE IN THIS AREA

INTERVIEWED DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TIME \_\_\_\_ D.O.T. PHYSICAL DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TIME \_\_\_\_ ROAD TEST DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TIME \_\_\_\_  
WRITTEN TEST RECRUITER \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TIME \_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
BY \_\_\_\_\_

THIS APPLICATION MUST BE COMPLETED IN INK AND IN APPLICANT'S OWN HANDWRITING

Date of Application \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security No.

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Name \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_  
FIRST MIDDLE LAST

\*Current Address \_\_\_\_\_  
STREET CITY STATE ZIP

\*If at the above address less than three years, list below all addresses for the past three years. FMCSR 391.21(3)

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Date of Birth FMCSR 391.21(2) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ How did you find out about us? \_\_\_\_\_

Have you worked for this Company before?  Yes  No If yes, dates of employment: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Where? \_\_\_\_\_ Rate of pay? \_\_\_\_\_ Position? \_\_\_\_\_

Have you ever worked for this Company under another name?  Yes  No If yes, what name? \_\_\_\_\_

Names of any relatives employed by this Company? \_\_\_\_\_

If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to live and work in this country?  Yes  No

Do you speak, write and understand any foreign language?  Yes  No Language? \_\_\_\_\_

Position applying for: \_\_\_\_\_ Are you able to perform the essential functions and duties of the job, as contained in the job description with or without reasonable accommodation?  Yes  No

### EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

### EDUCATION

Circle highest grade completed: Grade School: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4

List any other training or schools \_\_\_\_\_ Date completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

List driving awards held and who awards were presented by \_\_\_\_\_

### MILITARY STATUS

Have you served in the U.S. Armed Forces?  Yes  No Branch? \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Duties: \_\_\_\_\_



**PREVIOUS EMPLOYER**

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Phone No. ( \_\_\_\_ ) \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Rate of Pay \_\_\_\_\_  
Type of Equip. Driven \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
Position Held \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**PREVIOUS EMPLOYER**

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Phone No. ( \_\_\_\_ ) \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Rate of Pay \_\_\_\_\_  
Type of Equip. Driven \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
Position Held \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**PREVIOUS EMPLOYER**

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Phone No. ( \_\_\_\_ ) \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Rate of Pay \_\_\_\_\_  
Type of Equip. Driven \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
Position Held \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**GAP IN EMPLOYMENT**

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason for Gap \_\_\_\_\_

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason for Gap \_\_\_\_\_

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason for Gap \_\_\_\_\_

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason for Gap \_\_\_\_\_

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason for Gap \_\_\_\_\_

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason for Gap \_\_\_\_\_

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason for Gap \_\_\_\_\_

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason for Gap \_\_\_\_\_

**DRIVING EXPERIENCE****TYPES OF EQUIPMENT DRIVEN:**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT: (VAN, TANK, FLAT, ETC.)	DATES		APPROXIMATE TOTAL MILES
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR/SEMI-TRAILER				
TRACTOR/TWO PUPS				
OTHER				

**LICENSES:** LIST ALL DRIVERS LICENSES HELD IN THE PAST FIVE YEARS (NOTE: a copy of your valid drivers license or CDL must be attached)

STATE	LICENSE NUMBER	TYPE	ENDORSEMENTS	EXPIRATION DATE

**MOVING TRAFFIC CONVICTIONS & FORFEITURES:** LIST FOR PAST FIVE (5) YEARS. IF NONE WRITE "NONE".

DATE	LOCATION (STATE)	CHARGE	PENALTY

**ACCIDENT RECORD:** LIST FOR PAST FIVE (5) YEARS. IF NONE WRITE "NONE".

LIST ALL COMMERCIAL & PERSONAL PREVENTABLE AND NON-PREVENTABLE ACCIDENTS - INCLUDING PROPERTY DAMAGE.

DATE	TYPE OF VEHICLE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, OVERTURN, ETC.)	INDICATE PREVENTABLE OR NON-PREVENTABLE	FATALITIES	INJURIES	AMOUNT OF DAMAGE

LIST STATES IN WHICH YOU HAVE OPERATED A CLASS-A MOTOR VEHICLE IN THE PAST FIVE (5) YEARS:

**REFERENCE**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of any material fact on this pre-application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize the Company to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Company any and all letters, reports, and other information related to my work records, without giving me prior notice to such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I hereby authorize any law enforcement agency or court to furnish information concerning Motor Vehicle Record or felony or misdemeanor convictions.

I hereby agree to submit to binding arbitration in all disputes and claims arising out of the submission of this application. I further agree, in the event that I am offered employment by the Company, as a condition to that employment, all disputes that cannot be resolved by informal resolution which might arise out of my employment with the Company, whether during or after that employment, will be submitted to binding arbitration in lieu of any Federal or State investigative, administrative or legal proceeding. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are not other agreements as to dispute resolution, either oral or written.

I hereby agree to submit to an Alcohol and Controlled Substance Testing/Screening for pre-employment medical qualification and thereafter as warranted by Company policy and Federal regulations.

I understand that nothing contained in the application or conveyed during any interview which may be granted, is intended to create an employment contract between me and the Company. I further understand and acknowledge that my employment relationship is of an "at-will" nature, which means that I may resign at any time and the Company may discharge me at any time with or without cause or advance notice. It is further understood that this "at-will" employment relationship may not be changed by any verbal or other conduct unless such change is specifically acknowledged in writing by Owen or Alan White. I further acknowledge that no specific promises relating to a condition of employment have been made to me. No promises or representations contrary to the specific provisions of this paragraph are binding on the Company unless made in writing and signed by me and the Company's designated representative.

Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

**REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER**

(NOTICE: Under 49CFR 391.23, failure to provide the required information will be reported to the US DOT (FMCSA) as per 49CFR 386.12)

**DRIVER FILL OUT TOP BOX ONLY**

Prospective Employer: C. White and Son Inc Phone# 860-529-7246  
 Address: 30 Evans Road Rocky Hill, Conn. 06067 Fax # 860-529-8744  
 Name of Driver Applicant: \_\_\_\_\_ S.S. # \_\_\_\_\_  
 D.O.B. \_\_\_\_\_ CDL Lic.# \_\_\_\_\_ State: \_\_\_\_\_

I authorize the release of the information required in 49 CFR 40.331, 382.413, 391.23 and other applicable rules and regulations. I acknowledge, that I have the right to due process as identified in 49 CFR 391.23 to review, dispute or to have corrected the information submitted under this authorization.

Driver Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The information being requested from the following company is done so, as this company has been identified by the above applicant as a previous Dept. Of Transportation Regulated Employer. (49 CFR 391.23 (a) (2))

Previous Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date(s) Contacted: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Dept: \_\_\_\_\_

**Safety Performance History**

*Please provide the following information on the applicant listed above:*

Employed from: \_\_\_\_\_ to: \_\_\_\_\_ Position: \_\_\_\_\_

Type of motor vehicle operated: ( Check all that apply )

Straight truck  Tractor with semi trailer  Tank  Dump  Other  Explain: \_\_\_\_\_

Reason Driver Left: Resigned  Discharged  Lay Off  Military Duty  Unknown

Explanation: \_\_\_\_\_

**DOT Recordable Accident History**

Was the driver involved in any DOT Recordable Accident while employed during the previous 3 years? Yes  No

If yes, provide the following data elements for each as required by 49 CFR 390.15 (b) (1)

Date	City, Town, State	Injuries	Fatalities	Vehicles Towed	U/A	Y or N
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**Drug and Alcohol Information**

If the applicant performed Safety Sensitive Functions within the previous 3 years, please provide data for each of the following:

- Has this person tested positive for a controlled substance in the last (3) years ? Yes  No
- Has this person had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last (3) years ? Yes  No
- Has this person refused a required test for drugs in the last (3) years ? Yes  No

Providers Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_